

responsibility can never be delegated.

Lost are the close families of Africa, old Europe, and even modern England with the support of socialized medicine. These poor American families are held together vaporously.

I must not be so hard on a field, as the folk singers say, "That finds roses where others see thorns," but remember that Ophelia plaited flowers as she drowned in her gowns. Perhaps this is unfair, for she was quite mad.

Beware of turning out residents knowledgeable in biomechanics and pathophysiology in the mistaken belief that we are producing a skilled individual, if one who may be totally insensitive to the trials of life.

The result of all this, a positive proposal that every rehabilitation service, particularly those training new physiatrists, should include a family support program. In consultation with psychiatry and social service, whether caring for child or adult, the physiatrists responsible for the restorative care of an individual should also meet with responsible and concerned members of the family alone and later include the patient. An honest description and explanation of the patient's disorder, needs, and anticipated course should be given. Questions should be encouraged and a working plan should be developed to prepare the patient to function and to meet demands in each of the areas of his universe. The goal is to defend that family from the onslaught of the patient's struggle for survival. We are attempting to keep a family together but a sane one, not an angry, disrupted one.

This is not new or revolutionary. But this must be brought home to the New York area.

When I first accepted this lectureship, it was suggested that I bring a reader, but I decided against that. I felt that you rehabilitationists should be forced to listen to and perhaps to hear me.

I thank you for sharing my ordeal.

Erratum

In the October 1984 issue (cover, Contents. pages 848, 849) the name of Dr. John M. Osepchuk was misspelled.